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President: Mr. Holkeri ..... (Finland)

The meeting was called to order at 3 p.m.

Agenda item 179

Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects

Report of the Fifth Committee (A/55/529)

Draft resolution (A/55/L.13)

The President: I should like to recall for the attention of members that, at the 100th plenary meeting of its fifty-fourth session on 5 September 2000, the General Assembly, before adopting draft resolution A/54/L.88/Rev.1, also on the item on HIV/AIDS, was informed by the representative of the Secretariat that, in view of the fact that the Advisory Committee on Administrative and Budgetary Questions and the Fifth Committee could not meet, as the fifty-fourth session of the General Assembly was due to conclude that day, the programme budget implications of draft resolution A/54/L.88/Rev.1 would be presented for examination and decision by the General Assembly at its fifty-fifth session.

In this connection, a report of the Fifth Committee has been circulated as document A/55/529.

May I take it that the General Assembly wishes to take note of document A/55/529?

It was so decided.

The President: I now give the floor to the representative of Ukraine to introduce draft resolution A/55/L.13.

Mr. Yel'chenko (Ukraine): I have the honour to introduce to the General Assembly the draft resolution entitled "Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects", contained in document A/55/L.13. I am pleased to announce that this draft resolution has been sponsored by more than 70 delegations representing all regions of the world. Since the publication of the draft resolution, the following countries have become co-sponsors: Algeria, Andorra, Antigua and Barbuda, Australia, the Bahamas, Bangladesh, Belarus, Belgium, Brazil, Burkina Faso, Canada, Cape Verde, Chile, Colombia, Costa Rica, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Fiji, France, Germany, Ghana, Guatemala, Indonesia, Italy, Japan, Kazakhstan, Lesotho, the Libyan Arab Jamahiriya, Luxembourg, Malawi, Malta, Mexico, Monaco, Mongolia, Morocco, the Netherlands, New Zealand, Nigeria, Norway, Poland, Portugal, Qatar, the Republic of Korea, Romania, San Marino, Senegal, Singapore, Slovenia, South Africa, Spain, Suriname, Sweden, Thailand, the former Yugoslav Republic of Macedonia, Togo, Trinidad and Tobago, Tunisia, the United Kingdom, the United Republic of Tanzania and the United States of America.

I would like to avail myself of this opportunity to express our sincere appreciation to the sponsors and to all delegations whose constructive participation in the

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informal consultations resulted in the consensus text of the draft resolution.

I simply want to stress that HIV/AIDS, we are convinced, is an epidemic of global proportions, with enormous human and social ramifications that go far beyond the province of health alone. The issue of HIV/AIDS has already been taken up at different levels, including by heads of State in developed and developing countries, the Secretary-General, the Economic and Social Council and the Security Council. It is encouraging that this increased attention to the problem of AIDS has started to bring the first positive results.

At the same time, it is clear that only the concerted and coordinated efforts of the international community will be able to successfully address the problem of HIV/AIDS. My country, which has also been hit by the HIV/AIDS epidemic, spreading at an alarming rate in recent years — which, according to some prognoses, could lead to the loss of up to 2.1 million people by the year 2016 — strongly believes that it is high time for the United Nations to elaborate a comprehensive agenda for action against this pandemic. The General Assembly should play the central role in resolving this issue of global concern.

The draft resolution that is now before us is intended to enable the General Assembly to make a significant contribution to the struggle of the international community against AIDS by convening a special session that, according to the present draft, should take place in New York from 25 to 27 June 2001.

Draft resolution A/55/L.13 reflects the deep concern of the international community over the accelerating spread of the human immunodeficiency virus, which has already infected millions of people worldwide, and the resulting increase in cases of acquired immunodeficiency syndrome, and urges Member States and observers to ensure their representation at the special session at the highest political level to secure a global commitment to enhance coordination and intensification of national, regional and international efforts to combat the problem of HIV/AIDS in a comprehensive manner.

It confirms that the special session will be open for participation to all States Members of the United Nations and observers, in accordance with the established practice of the General Assembly, and envisages the modalities of the Special Session and its preparatory process.

Document A/55/L.13 encourages all entities of the United Nations system, including programmes, funds, the specialized agencies and the regional commissions, to be involved actively in the preparatory activities and to participate at the highest level in the special session, including through presentations on best practices and different experiences in addressing the problem of HIV/AIDS, and invites regional bodies and organizations as well as the regional commissions to make available to the preparatory process and to the special session the outcomes of respective regional, subregional and global-level initiatives addressing a range of HIV/AIDS issues.

This draft also requests the Secretary-General to make the necessary administrative arrangements towards the convening of the special session and to make available all necessary documentation in a timely manner for the special session.

In conclusion, allow me to express my sincere hope that this draft resolution A/55/L.13 will gain the broadest possible support and be adopted by consensus. We strongly believe that the input of the special session of the General Assembly into the efforts of the world community aimed at combating HIV/AIDS will provide a powerful impetus to the beginning of a qualitatively new stage in the struggle of the international community against the epidemic.

Ms. Thurman (United States of America): Thank you, Mr. President, for conducting these important discussions, and sincere thanks to my Ukrainian colleagues for running the process that produced the good draft resolution we are considering, as well as to the Joint United Nations Programme on HIV/AIDS (UNAIDS) for its close support to the Member States.

I am honoured to speak in today's discussion on this historic draft resolution on HIV/AIDS. There is no more important international issue. After 20 years of embarrassing international under-response to this pandemic, we have created a historic reversal. This year, the membership has made more progress at the United Nations on HIV/AIDS than ever before, and we have also had exciting advances in the United States Government response.

The United Nations started the year 2000 with Vice-President Gore chairing the first meeting of the

new millennium in the Security Council, on HIV/AIDS. Imagine, in the thousands of meetings of the Council, never before had the single largest killer of people in Africa been discussed. In that meeting Vice-President Gore reminded us,

> "In Africa the scale of the crisis may be greater, the infrastructure weaker and the people poorer, but the threat is real for every people and every nation, everywhere on Earth.
>
> "No border can keep AIDS out. It cuts across all the lines that divide us. We owe ourselves and each other the utmost commitment to act against AIDS on a global scale, and especially where the scourge is greatest." (*S/PV.4087, p. 5*)

That meeting was followed in March by an unprecedented collaborative meeting between the Economic and Social Council and the Security Council. In July the Security Council again defied the many naysayers and adopted a resolution that squarely placed HIV/AIDS in the international security arena. Indeed, the Security Council has agreed to never again adopt a resolution on a peacekeeping mission that does not include explicit language to protect our peacekeepers and the communities they serve in from the disease.

Today, we will create a special session of the General Assembly dedicated to combating this plague. My Government has made important progress this year in the fight against HIV. We have recognized that the sweep and devastation of this pandemic is enormous — not just in Africa, but in Asia, South America and the world over. It is a clear threat to international security. In this process President Clinton appointed me, the director of all of our United States efforts on HIV/AIDS, to also be his personal envoy to build AIDS cooperation internationally.

President Clinton used the power of his office to issue an executive order that the United States will never take action against countries most affected by the HIV epidemic which decide to import or manufacture inexpensive versions of life-saving HIV/AIDS drugs patented in the United States.

The United States Government has crowned these critical efforts by more than tripling our international funding to fight HIV in just over a year, to a total of over $400 million. The United States donation is now larger than the entire 1998 donor effort of all nations for HIV, which totalled about $350 million. The United States is the clear leader in international donor aid for HIV/AIDS, but we — like all other countries of the world — need to do much, much more.

There is more good news: the Congress has just approved $435 million for debt relief. The planned United States total for debt relief will be $920 million in three years, which will relieve over $3.5 billion of debt in 33 nations. This United States funding will also leverage relief of as much as $90 billion owed to others. We have delivered every dime promised, when we said we would.

Of course, this relief means that billions of dollars will now stay in the budgets of the countries most affected by HIV/AIDS. This will allow them to invest more in health and social programmes to help combat the disease and advance many other development issues more effectively.

These are the fruits of the worldwide education programme that we have all been part of. It has taken long, but finally we have heightened awareness to this unprecedented disaster. We have put to rest the debates about whether or not AIDS is a legitimate security threat. We have overcome the naysayers who said that AIDS was not big enough for the Security Council, that it was not a real threat, that it was just a health issue and that it was a problem for doctors, not for diplomats. We have overcome the opponents who have said that HIV was not a problem in their country, that it was someone else's problem.

But now the real work begins. We must maintain our momentum and capitalize on these small victories. That is why meetings like today's are so vitally important and the General Assembly special session we are approving is so critical. This draft resolution means that we cannot turn back to ignorance. We have guaranteed that our successors, regardless of who they are, will continue the fight against HIV/AIDS.

The General Assembly special session that we will approve could be another historic turning point. This year the world has turned from persistent denial to an insistent call for action. At the special session, eight short months away, we can turn to the intense level of action needed to defeat HIV/AIDS. But only if, as this draft resolution calls for, all 189 Member States dedicate themselves to creating and then supporting a firm declaration of political commitment.

The world does not need, and we should not allow, more empty rhetoric. Such a declaration should commit us, for example, to starting by acknowledging that past and present efforts have not been nearly enough. If we are to have any hope of turning this terrible tide, we must bring the global response to an entirely higher level of intensity. We need to be honest about how little we really are doing. UNAIDS has determined that an investment of at least $3 billion per year is needed to establish an effective prevention and basic care programme in Africa alone. And last year, collective spending towards that effort was only one tenth of that amount.

We should recognize that there are 35 million people currently living with HIV, and they must not be forgotten — global solutions must include solutions for all of them. All nations must finally create workable national strategies for HIV/AIDS prevention and treatment that fit into an international framework. And all nations — rich or poor, AIDS-ravaged or AIDS-affected — should make annual financial commitments to combat HIV/AIDS. As we increase and better coordinate donor efforts, these commitments should be available for all the world to review. They should be reported to UNAIDS in a transparent and understandable manner. As Vice-President Gore said at the historic Security Council meeting in January,

> "There are many inspiring efforts to fight AIDS all around the world. But right now they mostly amount to many isolated efforts and not a single focused assault. We must knit together the separate initiatives by local, national, regional and global organizations to take maximum advantage of their synergy and successes." (*ibid., p. 7*)

And as Governments, we must undertake policies that destigmatize HIV/AIDS and protect the rights of HIV positive people and their families.

I thank the Assembly and congratulate it on getting us this far. I am confident that the United States and all of us here will continue on our slow road to ending HIV/AIDS for ever. I will conclude with a comment President Clinton made with President Obasanjo in Nigeria recently,

> "let's remember something ... AIDS is 100 per cent preventable — if we are willing to deal with it openly and honestly. In every country, in any culture, it is difficult, painful, at the very least, embarrassing to talk about the issues involved with AIDS. But is it harder to talk about these things than to watch a child die of AIDS who could have lived if the rest of us had done our part? Is it harder to talk about than to comfort a child whose mother has died? We have to break the silence about how this disease spreads and how to prevent it. And we need to fight AIDS, not people with AIDS. They are our friends and allies."

Remember: If we do not do it, who will?

Mr. Escanero (Mexico) *(spoke in Spanish)*: The human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) constitute a pandemic whose global impact threatens the hopes and even the very existence of millions of people and families. Without a doubt this ill is one of the gravest challenges facing us at the beginning of the new century.

In the Millennium Declaration highlighting the priorities for development and the eradication of poverty, our heads of State and Government expressed their commitment to stop and reverse the spread of this disease by the year 2015 and they underscored the importance of providing assistance to children orphaned by this scourge.

In the framework of this grand objective, the Minister for Foreign Affairs of Mexico and women Ministers for Foreign Affairs from twelve other nations around the world have launched an appeal to the international community to offer support and solidarity to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and resolutely to undertake the collective effort that is necessary to vanquish this global plague.

The HIV/AIDS pandemic is a challenge beyond the capacity of any nation or entity acting in isolation. Its most serious impact is concentrated on developing countries, which makes the challenge even more complex.

This can be clearly seen in the current epicentre of the pandemic — Africa — but the serious nature of this problem reaches all four corners of the earth. Consequently, we urge all Members of the Organization to mobilize sufficient financial and human resources, working together with donors, international financial institutions and the private sector, in order to redouble their efforts in the fight

against HIV/AIDS in Africa and at the world level. In this context, it is vital to strengthen our support for the work of UNAIDS.

HIV/AIDS is a health problem that has clearly highlighted the need to include participation by the most diverse sectors of society in a coordinated effort at both the national and international levels.

We must plan and implement in an integrated manner all aspects of health care. This means we must strengthen preventive work and, in addition, amongst other vital tasks, ensure a sufficient and constant supply of drugs, the training of medical personnel, as well as the infrastructure to monitor cases and to carry out epidemiological surveillance.

Mr. Al-Ashtal (Yemen) Vice-President, took the Chair.

The fight against HIV/AIDS demonstrates how imperative it is to take advantage of scientific and technological advances for the purpose of shared development. We must pay equal attention on a balanced basis to the incentives required for technological innovation and the priorities of social development. We must urgently ensure the access of developing countries to care and treatment for HIV/AIDS. In this regard, we must maximize the efforts of national governments, non-profit organizations, multilateral and bilateral donors and the private sector in order to achieve a reduction in the international prices of the drugs that are needed so that treatment will be affordable for all those who are affected.

In conformity with our conviction that international cooperation is fundamental to confronting this pandemic, Mexico has supported and collaborated with UNAIDS at different levels, including our active participation in horizontal cooperation with Latin America and the Caribbean, as well as in the promotion of cooperation with Central America and the Caribbean in order to strengthen the institutional capacity needed to integrate the HIV/AIDS dimension into the joint migration programmes and also to train a network of strategic planning advisers.

Mexico acts as a collaborative centre for UNAIDS and has been part of the Programme Coordinating Board of UNAIDS since its creation. Our support for the programme, over which we had the honour of presiding in 1999, has been ongoing.

Whilst reiterating Mexico's commitment to the noble task of international cooperation to fight this global scourge, we express our hope that the special session of the General Assembly, which will be devoted to the examination of the problem of HIV/AIDS in all of its aspects, will lead to concrete actions to coordinate and intensify international measures to fight this disease.

It is in this spirit that Mexico has joined in sponsoring draft resolution A/55/L.13.

Mr. Kpotsra (Togo) *(spoke in French)*: My delegation is particularly pleased that following on from the Security Council, the General Assembly has decided to discuss the question of HIV/AIDS.

After the adoption of resolution 54/283, the discussions that began today show that the General Assembly is committed to what we think is the right direction, that is, doing everything to try to control the ravages of the HIV/AIDS pandemic, one of the great challenges confronting the international community today.

As the Secretary-General says in his report addressed to the Millennium Summit and in the report on the work of the Organization, the HIV/AIDS pandemic is destroying the economic and social fabric of countries that are seriously affected by it and is one of the main causes of death there.

The statistics produced by the Joint United Nations Programme on HIV/AIDS (UNAIDS) are terrifying in that regard. It estimates that there are 34.3 million adults and children who are seropositive or sick with AIDS in the world and points out that the pandemic has already wiped out 18.8 million infected persons.

Unfortunately, Africa is once again the most severely affected region. It alone has approximately 24.5 million AIDS sufferers, which is 70 per cent of the world total. The disastrous results of this situation are beyond commentary. In short, Africa is dying.

Because of the ravages it causes in seriously affected countries and considering its disastrous social and economic consequences, the HIV/AIDS pandemic should be a priority issue on which action of the international community should emerge from the spirit of solidarity so widely expressed at the Millennium Summit.

My delegation welcomes the encouraging initiatives that continue to be seen. In this context, in 1999 the General Assembly recommended, at its five-year review of the follow-up to the International Conference on Population and Development, that the international community should work between now and 2005 to reduce the number of infected persons between the ages of 15 and 26 by 25 per cent in the most seriously affected countries.

In January 2000 the Security Council held, for the first time, an open debate on HIV/AIDS, which kills more people than do armed conflicts. According to its sponsors, that meeting was aimed at drawing the international community's attention to the alarming proportions of this pandemic in Africa, a situation that henceforth requires awareness and a common strategy, as well as resources and intervention by Governments, business circles and intergovernmental and non-governmental organizations.

More recently, the thirteenth International Conference on HIV/AIDS was held in Durban, South Africa. At that meeting, participants assessed the situation, particularly the growth of the pandemic and the measures to be taken to check it.

Apart from governmental actions, in the vanguard of which are France and the United States, other initiatives are being taken by UNAIDS in cooperation with other United Nations institutions and agencies, including the World Health Organization (WHO), the United Nations Children's Fund, the United Nations Educational, Scientific and Cultural Organization, the United Nations Development Programme, the United Nations Population Fund, the United Nations International Drug Control Programme and the World Bank, all of which contribute to the search for solutions to the problem.

Clearly, raising national and international awareness is already in an advanced stage. It is more a question now of translating our commitments into concrete action, to move from words to deeds.

This means working efficiently and effectively to stop the spread of HIV/AIDS and to reverse the current trend. In other words, it is crucially important that specific measures be taken promptly to make existing medicines available to infected persons, most of whom are in the countries of the South, and to help the seriously affected countries to provide themselves with the requisite capacity to stop the spread of the HIV/AIDS pandemic and other infectious diseases.

Despite the scarcity of its means, Africa is already engaged in searching for ways and means to put an end to the HIV/AIDS pandemic. The WHO regional conference, held in Ouagadougou in June 2000, was a forum where African health problems, in particular those related to HIV/AIDS, were addressed by African ministers of health.

Following this, the thirty-sixth ordinary session of the Conference of Heads of State and Government of the Organization of African Unity, held in Loom in July 2000, decided, inter alia, to organize in Abuja in 2001 an African summit on HIV/AIDS, tuberculosis and other infectious diseases.

This decision attests to Africa's resolve to make this a top priority of the continent. It also seeks to create in the international community a real partnership designed to mobilize adequate financial resources for the fight against the HIV/AIDS pandemic in Africa and in particular to help HIV/AIDS orphans, vulnerable children and infected persons.

Before concluding, I would like to emphasize that it is important that the envisaged General Assembly special session truly examine the HIV/AIDS problem in depth and in all its aspects. Everything must be done to ensure that that session leads to the adoption of a firm, precise, specific, action-oriented declaration on concrete measures and action to be taken.

Mr. Jayanama (Thailand): May I say how pleased I am to see you, Mr. President, presiding at this plenary meeting of the General Assembly on this important item. I know that under your wise guidance, our session will come to a productive and meaningful conclusion.

With 34.3 million HIV-infected people at the end of 1999, the untold grief and irretrievable loss of millions of adults and children tell us that HIV/AIDS is a direct threat to the well-being of the peoples of the world. It has inflicted enormous socio-economic burdens and has killed more people worldwide than have weapons of mass destruction. It has deprived children of their parents, families of their loved ones and societies of their resources, particularly young adults, who constitute the main workforce of development.

HIV/AIDS knows no boundary and reaches far wider and deeper than does information and communication technology. It affects all peoples and countries, developing or developed, rich or poor, big or small, without discriminating. HIV/AIDS is thus not simply a disease, but a catastrophic global health issue affecting human security and development. This curse must be overcome, and it can be done if we all play our role, in accordance with our abilities.

In Thailand, under our present five-year National AIDS Strategic Plan, we have adopted a holistic approach that addresses human, social, economic and cultural aspects of the HIV/AIDS problem. The Plan attaches priority to the development of individuals, the family and the community. It underscores the need to strengthen community awareness and to develop a better socio-economic environment, such as provisions for economic opportunities for those most likely to be exposed to HIV/AIDS. In addition, we attach no less importance to enhancing psychological, social and health development, so that people with HIV/AIDS will be able to lead normal and productive lives, as provided for by our laws. We have also forged partnerships with non-governmental organizations (NGOs) and civil society, both at home and abroad, with regard to many HIV/AIDS issues.

But HIV/AIDS is basically a medical issue. Thailand has encouraged medical research and exchanges of relevant knowledge and technologies, both modern and indigenous, on AIDS prevention and control. At present, Thailand is spending an average of $800 per month per person on AIDS medicines. However, for developing countries, including Thailand, access to essential AIDS medicines has not been possible because of the high cost involved. In this connection, we are gratified that the Secretary-General of the United Nations urged in his millennium report, entitled "We the peoples", wider access for developing countries to an effective and affordable vaccine against HIV and to HIV/AIDS related drugs.

Although Thailand's effort thus far has been cited by the United Nations and others as one of the success stories, we should not rest on our laurels. HIV/AIDS still remains with us. Thus, while working hard at home, we will continue to cooperate with other countries — including our neighbours, for they have been responsible for a large part of the progress we have made with regard to this problem.

We would like to thank Ukraine for taking the initiative to produce a meaningful draft resolution on HIV/AIDS, which we were very happy to co-sponsor.

We also appreciate the efforts of the Secretary-General to highlight the HIV/AIDS issue as an item on the global agenda, as well as the role played by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other agencies within the United Nations system. We particularly welcome the recognition by the world's leaders of the severity and urgency of this global problem, as well as the commitments they made at the recently held Millennium Summit to the goals of reducing HIV infection rates, and ensuring access to information, education and services needed for the prevention of HIV infection.

The timely decision by the General Assembly to convene a special session from 25 to 27 June 2001 to review and address the problem of HIV/AIDS in a holistic manner is thus part of this positive trend in the United Nations. We welcome it. The special session will afford us an opportunity to coordinate and intensify international efforts and initiatives to combat the HIV/AIDS problem in a larger context. Moreover, since the Security Council has accepted that HIV/AIDS poses a threat to international security, the special session should also be the beginning of a more concrete programme of real action that entails such efforts as tackling the socio-economic aspect of HIV/AIDS, including the plight of children orphaned by AIDS; bolstering cooperation to intensify research on the basis of modern technology and indigenous innovative treatment; ensuring wider access for developing countries to medical technologies, affordable essential medicines and improved treatment and care; and creating synergies of approaches to the HIV/AIDS problem in a broader perspective, including addressing such issues as the negative effects of the World Trade Organization's trading system on the availability of essential medicines.

To ensure a successful outcome of our undertaking, we should also seek to strengthen our partnerships with pharmaceutical companies, distributors of medicines and NGOs through their active participation, their sense of ownership and caring responsibility in the preparatory process and in the special session itself, so that, at the end of the day, we can achieve not just commitments but concrete action-oriented outcomes that can be implemented and

yield tangible results. In this connection, Thailand stands ready to cooperate actively with others to ensure the success of the special session.

As a global public good — or should I say, public bad — HIV/AIDS is a serious threat to the security and well-being of mankind the world over. We all have to play our part in the crusade against HIV/AIDS. To those with financial resources and medical technologies, we ask them to intervene or to be more proactive and generous towards their fellow human beings who are in dire need of help. Surely here is one humanitarian intervention that no one in any country would oppose.

Mr. Aboulgheit (Egypt) (*spoke in Arabic*): The problem of the HIV/AIDS epidemic, which we are considering today, is not only a health issue but also one that encompasses other areas, including the economic and social. All these elements are involved in this most serious epidemic in the history of mankind. It is therefore incumbent upon all members of the international community and all international and regional non-governmental and governmental organizations to mobilize all their resources and capabilities to confront the epidemic, contain it and consequently eliminate it.

The African continent's share of HIV/AIDS is the greatest in the world, at a time when economic conditions there make it extremely difficult to face the challenges of this serious scourge. Presently about 25 million Africans are infected with HIV, accounting for over 70 per cent of all the cases of infection in the world. Another grave indicator is the rate of the disease's spread on the continent. Of the approximately 4.5 million new cases of infection in 1999, roughly 4 million were in Africa. Statistics indicate that HIV-infected persons account for 50 to 70 per cent of hospital capacity in the most affected States. This means that the vast majority of health resources have to be allocated to caring for infected persons, at the expense of other health services, to say nothing of other development and social concerns. This places greater economic, social and political pressure on the States of Africa, which already bear a heavy debt burden.

The damage done by HIV/AIDS is not limited to human losses, but also has far-reaching social effects that can be seen in the weakness of the labour force and the need to allocate significant resources to try to contain the disease. In addition to serious human and social losses, there is also the transformation of a country's demographic profile and the emergence of entire generations of orphaned children who are forced to work at a very early age in order to maintain some sort of subsistence.

This disease threatens not only the continent's present, but also its future: of the 1.3 million infected children worldwide, 1 million are Africans; in 16 African countries, more than one third of the population between the ages of 15 and 49 is infected; and in seven countries of southern Africa, at least 20 per cent of the entire population is infected.

My delegation has tried in this statement to discuss some serious aspects of the HIV/AIDS problem both worldwide and in Africa. Now we must ask what the international community can do to help address the epidemic. Combating AIDS cannot be limited to lending more money to afflicted States, which would only burden them with additional debt-servicing costs. Nor can it be limited to organizing seminars and workshops to discuss a problem that has been given thorough consideration over the past 20 years.

In our view, combating AIDS requires a clear, collective political commitment by the international community to work in a complementary manner in a variety of directions, including, first, providing needed medications at prices that most people can afford. I need only mention that the medications now available cost about $12,000 per month per person; frankly, when I saw that figure I reviewed my files, and learned that a person infected with the AIDS virus really does need approximately $12,000 a month for treatment.

Secondly, the debt burden of the countries most severely affected by the epidemic must be lightened so that they can make optimal use of their meagre resources to provide necessary health services.

Thirdly, we must heed the social and economic aspects of the disease and its impact on the present and future development of the most severely affected States, rather than confining our efforts to containing the disease and preventing its spread beyond the borders of those countries.

Fourthly, we must increase the financial resources of the Joint United Nations Programme on HIV/AIDS (UNAIDS) so that it can play its role more effectively.

My delegation was an active participant in the consultations that resulted in draft resolution A/55/L.13. I wish here to reaffirm the importance that Egypt attaches to the convening of a successful special session of the General Assembly next June to consider the AIDS epidemic in all its aspects, with the participation of all members of the international community: States, organizations of various kinds and other actors. The issue is too big for any one country or organization to deal with. It needs the solidarity and efforts of the international community as well as international action.

We are confident that the intergovernmental preparatory consultations that will be chaired by the President of the General Assembly with the participation of the representatives of States Members of the United Nations will prove useful in clarifying the various views of all States that aim at ensuring the success of the special session and the adoption of concrete, specific international measures to address the AIDS problem.

As I have said, we need no more conferences or seminars; we need clear political will that can be translated into specific commitments and pledges and that can be realistically fulfilled.

Ms. Wensley (Australia): With more than 34 million people worldwide infected with HIV, 95 per cent of whom live in developing countries, Australia certainly agrees that the pandemic is a development crisis with devastating consequences for human, social and economic progress. In many areas, the United Nations has been focusing increasingly on linkages. The Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Mr. Peter Piot, recently spoke very vividly about the links between AIDS and poverty. AIDS creates poverty, AIDS deepens poverty and AIDS makes poverty harder to escape from. It is very clear that poverty reduction goes hand in hand with addressing HIV and reducing the impact of AIDS.

Dealing with the AIDS pandemic requires unprecedented action by all nations. We not only need to recognize the linkages identified by the Executive Director — and indeed just a moment ago by the Permanent Representative of Egypt when he talked about debt in conjunction with AIDS — but we also need to recognize the importance of working together and drawing on each other's knowledge to combat this dramatic threat.

My own Government is certainly very ready to share its experience. At the risk of sounding immodest, I must say that we have a significant record of achievement in responding to HIV/AIDS in Australia. The current data show that the annual number of diagnoses in Australia has declined from a peak of around 3,000 in 1984 to around 680 in 1999. That achievement, we believe, can be attributed to Australia's prompt, nationally coordinated response to HIV/AIDS, which has been underpinned by a coordinated national strategy since 1989. A defining feature of these strategies has been the partnership of Government, community-based organizations, affected communities, health professionals and researchers.

Just as we are able to note with some satisfaction improvements in our own country in controlling the virus, we are also very pleased to see recent gains internationally in combating the HIV/AIDS pandemic. These include the mobilization of substantial resources by both bilateral and multilateral donors and a significant raising of the level of awareness of, and attention given to, the impacts on affected individuals and countries, especially with respect to finding ways of minimizing these. The fact that the question of HIV/AIDS was taken up this year by the Security Council and by so many world leaders at the Millennium Summit was, we felt, particularly significant.

Australia is doing what it can to contribute to the international response to HIV/AIDS. We have been a strong supporter of UNAIDS since it was created in 1996, providing funding of around 1.5 million Australian dollars every year. I must say that this continuing support reflects our appreciation of the excellent work that UNAIDS is doing. We would like to join others in congratulating the Executive Director and all of his staff for their dedication, and for the good results that they have secured working in what we all recognize to be such a complex and sensitive area.

In addition to funding UNAIDS, Australia, in July this year, announced a 200 million Australian dollar global HIV/AIDS initiative to be implemented over six years. The majority of that funding is going to be directed to assisting our partner countries in the Asia-Pacific region.

While of course we recognize the severity of the HIV/AIDS pandemic in Africa -- we have already heard this afternoon from a number of colleagues in this respect — as a country in the Asia-Pacific region we have made the judgement that the focus of our assistance must be in our own region. We do not wish to understate the immensity of the problem elsewhere, but we believe that it is important that the AIDS pandemic in the Asia-Pacific region not be forgotten. In fact, the problem is large, and it is growing. Currently, there are serious epidemics in India, Thailand, Burma and Cambodia. Some estimates indicate that there are about 5 million people in India living with HIV, which, statistically, would make them the largest group of HIV-infected people in any single country in the world. Australia is substantially increasing its response to the epidemic in India. We have a new project in India which will provide 18.5 million Australian dollars in assistance over the next five years in the north-eastern states and New Delhi.

As for other parts of Asia, Australia directs a large share of its HIV/AIDS resources to Indonesia, where we have contributed about 20 million Australian dollars over the past five years. The Australia-Indonesia HIV/AIDS and Sexually Transmitted Disease Prevention and Care Project is now entering its second phase, with a new project expected to begin in mid-2001. The current project is helping to reduce the transmission of sexually transmitted diseases, including HIV/AIDS, by enhancing Government, non-governmental organization and community capacity to design and implement effective multisectoral sexually transmitted disease prevention and care strategies.

Slightly closer to Australia, in Papua New Guinea, in the Pacific, it is estimated that there are now between 10,000 and 15,000 people living with HIV/AIDS. These numbers are increasing annually by 15 to 30 per cent. AIDS and related diseases are now the leading cause of death in Port Moresby general hospital. Australia's largest bilateral aid programme is in Papua New Guinea, and we are working closely with the Government of Papua New Guinea and community organizations to address the epidemic. We are also about to commence implementation, again over a five-year period, of a 60 million Australian dollar national HIV/AIDS support project in Papua New Guinea. In addition to this major, very focused, project, we are making a point of ensuring that all of our aid activities in Papua New Guinea, in all sectors, including education and infrastructure, incorporate a response to HIV/AIDS.

The HIV epidemic is generally limited elsewhere in the Pacific. But this is no cause for complacency. Instead, we need to ensure that HIV/AIDS issues are properly addressed in the Pacific now, so that we can avoid problems with HIV in the future. In French Polynesia, for instance, recorded prevalence rates are even higher than for Papua New Guinea — 84 per 100,000, versus 49 per 100,000. Given such statistics, it is clear why Australia feels strongly about and is committed to ongoing efforts on HIV/AIDS in the Pacific region.

It is clear to all of us that national Governments and international organizations must make a new commitment to making HIV/AIDS a priority in all development programmes. The special session and the preparatory process should provide a focus and a goal for all of us in this respect. Australia attaches great importance to the special session and will be working to make an active contribution to both it and the preparatory process, drawing in particular on our experience with our national and regional programmes and activities.

Although, of course, we still have some way to go, we have been thinking about the key outcomes that we would like to see from the special session. Among those we have identified to date are, first, an improved national commitment and leadership in countries that are yet to fully acknowledge the seriousness of the HIV/AIDS pandemic, and, secondly, improved coordination leading to effective implementation of proven strategies. Our positive experience with the development of strategies involving a multiplicity of partners reinforces our view that coordination is of fundamental importance, not only to ensure that the available resources are used most effectively, but to secure the outcomes that we are all seeking. Australia was very pleased to be one of the many sponsors of the draft resolution introduced this afternoon by the Permanent Representative of Ukraine.

We look forward to working very closely with all our colleagues, both in the forthcoming preparatory process and at this historic special session.

Mr. Ka (Senegal) (*spoke in French*): My country was one of the sponsors of the draft resolution, adopted unanimously on 5 September of this year, on including the question of HIV/AIDS on the agenda of the fifty-

fifth session and on convening, in 2001 a special session devoted solely to combating this scourge in all its aspects.

My delegation also took an active part in the consultations on the draft resolution under consideration, which seeks to convene, in 2001, a special session of the General Assembly devoted to combating HIV/AIDS. We are therefore pleased that the informal consultations produced a consensus on the holding of this session from 25 to 27 June 2001, with the broadest possible participation, in the preparatory activities and the session itself, of non-governmental organizations, associations of people living with AIDS, pharmaceutical companies and all interested civil society actors. We are convinced that the AIDS pandemic is not merely a question of public health, but a serious developmental and human security problem, and that it is seriously jeopardizing the future of entire nations and societies.

Africa, the worst affected region, contains some 25 million of the 36 million people infected worldwide. In one brotherly African country, one teacher dies of AIDS every day of the school year. How can that country deal with that enormous waste of human resources? How can it meet the challenge of schooling and education of its young generations?

In another African country, life expectancy has dropped to 41. Without HIV/AIDS, it would be 70. For Africa, AIDS is both a tragedy and a major challenge, which must be met as soon as possible. Its exponential spread in our continent seems to indicate that we are seeing a gradual Africanization of this pandemic, which in the space of 10 years, with its disastrous repercussions on the living standards of our peoples, has caused a serious crisis in the development of many countries.

As stressed in the resolution adopted on 5 September 2000, which mentioned earlier, the needs of the countries that are living with AIDS far exceed their human and financial resources. Today, to combat this epidemic, political will is required at the highest national and global levels. That is why my country welcomed the initiative taken by the Security Council, under the American presidency, to convene on 10 January 2000 a special meeting on HIV/AIDS in Africa — a disease that undoubtedly poses a threat to international peace and security.

We are particularly pleased at the important measures that have been taken to follow up on the recommendations of the Council by the United Nations agencies to create an awareness of the magnitude of the phenomenon and of its negative impact on the economic and social development of many areas of the world.

In this context, special mention should be made of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which, along with the Inter-Agency Standing Committee, has submitted an ambitious plan that mainstreams the question of HIV/AIDS into humanitarian activities and peacekeeping operations, with particular emphasis on the role of armed forces and peacekeeping forces in preventing the spread of AIDS.

A major mobilization of financial and human resources must be organized for the speedy, coordinated and effective implementation of the Framework for Action of the International Partnership against AIDS in Africa, which has already been approved by the African Ministers of Health, meeting in Ouagadougou in May 2000, and by the Programme Coordinating Board of UNAIDS. It is time, in the words of the title of the thirteenth International AIDS Conference, held in July 2000 in Durban, South Africa, to break the silence that surrounds this disease.

Durban represented a fresh opportunity for African countries to tackle once again the difficult question of access to medicines and to health care. The pharmaceutical companies once again were directly called upon, as they have a historic responsibility to the world and to its peoples, who are suffering and uncertain about their fate. History will not forgive them if they stand by and do nothing for the many millions of people who have no hope of a cure or for the hundreds of millions of others who are exposed to the virus and have no lasting means of protection or prevention.

We sometimes have the unfortunate impression that some people take pleasure in the continuation of the appalling situation whereby HIV-affected people are in the South while the medicines are in the North. This situation must be halted, and halted quickly, to stop AIDS from being associated with Africa. Human solidarity and ethical considerations demand that this unfortunate impression be dispelled.

The two special sessions held in June in New York and Geneva, respectively, which were follow-up meetings to the Fourth World Conference on Women and to the World Summit for Social Development, stressed the urgent need to address the AIDS pandemic. The outcome document of the Beijing + 5 special session stresses the need, as a matter of priority and in cooperation with the non-governmental organizations, to strengthen, especially in the most affected countries, education, social services and community-based mobilization strategies, in order to protect women of all ages against infection and other sexually transmitted diseases. Such protection would be provided through safe, affordable, effective and easily accessible methods; through voluntary and confidential HIV tests; through the provision of counselling that encourages responsible sexual behaviour, including abstinence and the use of condoms; and finally, through the development of vaccines, of simple, low-cost diagnostic methods, and of single-dose treatment methods for sexually transmitted diseases.

A few weeks later in Geneva, the twenty-fourth special session of the General Assembly also adopted an outcome document, which is part of the same framework of action and which stresses the need for national multisectoral measures, with a view to, inter alia, strengthening health services; improving education programmes; training health-care workers; and preventing mother-child transmission. It also called for an analysis of the political, social and economic aspects of AIDS. All of these strategic objectives were enshrined in the Millennium Declaration, adopted by our heads of State or Government on 8 September this year.

I am pleased that my country, Senegal, is widely referred to as an example in the campaign to stem the spread of this disease through targeted consciousness-raising, educational and information campaigns. Today the national infection rate in Senegal is 1.77 per cent, according to UNAIDS estimates. Senegal is honoured that it has internationally recognized researchers who, for the first time, have discovered the existence of type II HIV. I am pleased to announce from this rostrum that, through the efforts of Senegalese researchers and thanks to the cooperation of foreign companies and laboratories, my country has been able to reduce by 85 per cent the cost of medicines used to combat AIDS. I am convinced that the Secretary-General, Mr. Kofi Annan, will be pleased to learn of this good news, which is consonant with the main ideas he has always defended with conviction and generosity.

Finally, Senegal's National Committee to Combat AIDS is working in close cooperation with non-governmental organizations, civil society and youth organizations, and with political impetus from the Government, which has made the combat against the pandemic a top priority and which also supervises our national programme to combat AIDS and other sexually transmitted diseases.

It is important now that the international community step up its efforts in these various areas of the fight against this disease so that the programme objectives established by the Secretary-General in his report to the Millennium Summit are met within the prescribed deadlines. My delegation hopes that the special session to be held in June 2001 will lead to the initiation of a consensus global strategy for combating this pandemic, and that this strategy will be supported by significant financial resources capable of halting the spread of the disease, controlling the epidemic and making it possible to speedily discover a vaccine and to make treatment and care accessible to patients. This strategy must of course give priority to the problems of Africa as it struggles with this scourge.

I conclude by stressing that the struggle against HIV/AIDS should never serve as a pretext for reducing the efforts that need to be made to tackle other, equally deadly, diseases, such as malaria and tuberculosis, which are spreading at the same rate as AIDS, particularly in sub-Saharan Africa.

Mrs. Singh (India): We hope that the special session of the General Assembly, to be held from 25 to 27 June next year, to review and address the problem of HIV/AIDS in all its aspects, will have a concrete and action-oriented outcome, building on the resolve expressed by our heads of State and Government at the Millennium Summit to halt and begin to reverse, by 2015, the spread of HIV/AIDS, malaria and other serious diseases.

AIDS is a global problem, with a strong African dimension. One in five adults in Africa faces death in the next four years from AIDS. In an African country, life expectancy will drop from a high of 61 years in 1990 to only 41 years next year. With the close of the twentieth century, some 33.6 million men, women and children face a future dominated by a disease unknown just a few decades ago. Over the course of this year,

5.6 million people became infected with the HIV virus, which translates into approximately 16,000 new infections a day.

An immediate global campaign is needed to combat this epidemic, because, quite apart from the enormity of the human suffering, it has a strong negative influence on the economic growth and development of the countries affected. A United Nations analysis indicates that by 2005 the gross domestic product (GDP) of many southern African countries will shrink by at least 14 per cent; per capita income will drop by 10 per cent; and labour costs will rise due to morbidity and absenteeism, dimming the prospects of an African renaissance.

We in India are also grappling with the challenge of HIV/AIDS. While we have eradicated deadly diseases like smallpox and guinea worm, and are on the verge of eliminating leprosy, we are now confronted with a resurgence of malaria and tuberculosis and the rising problem of HIV/AIDS, which some estimate as having infected 3 million to 4 million Indians.

Though we cannot prevent a common cold, precautions can prevent AIDS. AIDS is preventable through awareness. Awareness is the key to prevention. This effort must involve community leaders, non-governmental organizations and, most important, people's elected representatives at all levels. Our Prime Minister has requested Members of Parliament, chief ministers of States and others to take a personal interest in awareness-building campaigns, with the full participation of the elected representatives of local bodies. The cinema can also be a powerful medium, and its use is being actively explored. These initiatives need to be multiplied several times over.

The social stigma attached to sexually transmitted infections is even more severe for HIV/AIDS. There have been reported cases of AIDS patients being refused admission to hospitals and private nursing homes. The isolation of patients in wards creates the misunderstanding that it is a contagious disease, and causes panic among other patients. There have also been instances of discrimination in the workplace, leading in some cases to loss of employment. These are problems faced worldwide by those who suffer from HIV/AIDS. In India the judiciary has issued judgements to ensure that HIV-infected and AIDS patients are not discriminated against.

Treatment for HIV/AIDS is still prohibitively expensive. No effective vaccine has been developed. The multi-drug anti-retroviral therapy popularly known as "cocktail therapy", if not administered by trained medical professionals, can have adverse effects.

Understandably, when the average infected person does not have access to or awareness of treatment options, patients turn to and are exploited by quacks. The only solution lies in making low-cost treatment options available. Generic drugs are available in, and from, India at an extremely reasonable cost, but the demand for rent from multinationals, in the guise of a flawed interpretation of the intellectual property rights regime, prohibits their use. Even the agreed provisions of compulsory licensing and parallel imports by developing countries are generally frowned upon and cannot be implemented by the developing countries, except under a constant threat of retaliation by the developed countries in other sectors of trade. The special session must address this critical issue and ensure that the abjectly mercantilist use of intellectual property rights, involving possible damage to health and to other socio-economic objectives, which was never intended by the World Trade Organization negotiators, is not encouraged. Indeed, it must be reversed, so that treatment is available at reasonable prices.

Some proponents of a severely restrictive interpretation of the intellectual property rights regime have suggested alternatives, such as bank loans for the purchase of HIV/AIDS drugs. As Kalumbi Shangula, Namibia's Permanent Secretary of Health and Social Services, recently pointed out,

> "a fundamental problem for developing countries is that all drugs, not just anti-retrovirals, cost too much".

It is this problem of the greed of major pharmaceutical companies, even in the face of a public emergency, that needs to be addressed.

Mr. Pamir (Turkey), Vice-President, took the Chair.

HIV does not kill by itself, but by depleting the immune system and making the person vulnerable to other infections. Even a common infection of the respiratory tract could prove fatal. This opens a Pandora's box of co-infections with HIV/AIDS. With a high prevalence of tuberculosis (TB) in India, the

problem of HIV-TB co-infection is overwhelming. Nearly 60 per cent of HIV/AIDS cases are reported to be infected with TB bacilli. The treatment of TB among HIV-infected persons is a new challenge to the national effort in controlling this infection. Some of the drugs recommended for TB treatment pose complications in the case of HIV-infected persons and have had to be withdrawn in areas of high HIV prevalence. The issue of co-infection, especially with tuberculosis, should be high on the agenda of the special session.

Mrs. Viotti (Brazil): I wish to thank the delegations of Ukraine, Costa Rica, the Czech Republic, Nigeria and Zimbabwe for their initiative in bringing the issue of HIV/AIDS to the forefront of our agenda.

Brazil co-sponsored the draft resolution that became resolution 54/283, adopted just recently, on the review of the problem of HIV/AIDS in all its aspects. Similarly, we are a sponsor of the draft resolution before us, which gathered consensus after intensive negotiations. The resolution that we are about to adopt represents a historic breakthrough for the United Nations. It adequately stresses the urgent need to address the AIDS pandemics at the global level, and duly recognizes it as a crisis that requires the highest level of political commitment and collaboration among Governments, international organizations, civil society and the business community. We look forward to working closely with other Member States, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other relevant stakeholders to ensure that the preparatory process will be most productive and that the special session can reach concrete results.

We are convinced that the extent of the current crisis requires a vigorous and systematic effort by the international community in mobilizing human, technical and financial resources to fight the HIV/AIDS pandemic. AIDS devastates families and peoples, damages workforces, undermines the social fabric and overburdens State institutions. Having killed more than 2 million people in 1999 alone, the AIDS pandemic has gradually turned into a major crisis. The situation in Africa is tragically harsher than anywhere else. Fifty per cent of all global cases of AIDS are concentrated in Africa, and 90 per cent of the 11 million children orphaned by AIDS are African.

Throughout the last two decades, Brazil has actively contributed to the international debate on HIV/AIDS. We have been following the issue with great concern. Among other contributions, Brazil offered to host the third ad hoc thematic meeting of the Programme Coordinating Board of UNAIDS, to be held in Rio de Janeiro on 14 and 15 December. Brazil also participated in the open meeting of the Security Council last January and in the Economic and Social Council special briefings in February. We believe that the full engagement of the General Assembly is timely and imperative, for it can give a unique contribution to raising global awareness about the humanitarian dimension of the HIV/AIDS pandemic.

Jointly with the Economic and Social Council, the General Assembly can work to tap international solidarity, serve as a vehicle for the translation of commitments into results and ensure coordinated responses by the system.

As has been broadly acknowledged, firm governmental action has effectively helped to reduce the rate of infections and alleviate the impact of the crisis in Brazil. Throughout the 1980s, Brazil consolidated a nationwide programme to prevent and combat HIV/AIDS. According to estimates, in the period from 1994 to 1999 alone, the programme has helped reduce AIDS-related mortality rates by over 50 per cent. The Brazilian Government has relied on strong public campaigns through the mass media as a key element of a preventive strategy based on the idea that education and information dissemination strategies are the best ways to halt AIDS.

Thanks to the intensive efforts made in close cooperation with non-governmental organizations (NGOs), the rate of adult infection by HIV in Brazil was estimated at 0.57 per cent in 1999, one of the lowest in the world. In addition, since 1996 the Ministry of Health has also been providing free universal access to approved medications against AIDS and related opportunistic diseases. Nowadays, at least 58,000 men, women and children receive these prescription drugs on a regular basis. This policy has significantly helped to reduce the number of hospitalizations.

As a strong believer in South-South cooperation, the Brazilian Government has been exchanging technical expertise with other developing countries. Our low-cost policies to cope with AIDS have proved

particularly useful as successful responses in the presence of budgetary constraints.

At the regional level, Brazil has provided training and support for capacity-building to organize local programmes for the prevention and control of AIDS and other sexually transmitted diseases.

Brazil is hosting, from today through 11 November, in Rio de Janeiro, the First Forum and the Second Latin America and the Caribbean Horizontal Technical Cooperation Conference on HIV/AIDS and STD known as "Foro 2000".

Based on our national and regional experience, since 1997 the Brazilian Government has also been implementing cooperation programmes with other Portuguese-speaking countries in Africa in the fields of management of preventive programmes and the establishment of epidemiological monitoring systems. We are now extending this cooperation to other countries in Africa. In 1999, experts from the Brazilian Ministry of Health visited Kenya, Zimbabwe, South Africa, Namibia and Botswana, with a view to identifying cooperation projects that could be quickly initiated.

As a country with limited resources, Brazil looks forward to working with UNAIDS, the United Nations Fund for Population Activities (UNFPA), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the donor community in helping third countries to curb the spread of AIDS.

In the Millennium Summit, our heads of State and Government solemnly resolved to have halted, and begun to reverse, the spread of HIV/AIDS by 2015. To that end, we believe that the General Assembly and the Economic and Social Council should continue to discuss ways to facilitate access of affected countries to adequate treatment, at lower costs, including access to prescription drugs. The lack of resources for the prevention and treatment of AIDS is surely the main factor affecting developing countries, especially in Africa. It is essential that cooperation with developing countries take into account the need for promoting education campaigns, as well as guaranteeing universal treatment for all AIDS patients. Due to the high costs related to prevention campaigns, adequate access to medication, frequent hospitalization and assistance to orphaned children, the success of the struggle against AIDS will largely depend on the support of donor countries.

Mr. Mwakawago (United Republic of Tanzania): Let me preface my remarks by expressing the appreciation of my delegation to you, Sir, for putting this very important issue of reviewing the problem of HIV/AIDS in all its aspects before the Assembly for discussion. We commend the delegation of Ukraine for holding consultations that led to the draft resolution on the agenda item now before us.

My delegation would like to associate itself with the statement delivered by the representative of Nigeria on behalf of the Group of 77. In the same vein, we wish to identify ourselves with the statement to be delivered by the representative of Namibia on behalf of the Southern African Development Community.

It gives my delegation solace to note that the severity of HIV/AIDS and its human impact have now been fully recognized at the highest political level. Earlier this year, the Security Council deemed the problem of HIV/AIDS enough of a threat to the security of the international community to warrant an open debate of the issue in the Council. The Millennium Summit also underscored the need for the international community to address this scourge on an urgent basis. My delegation fully endorses the recommendations made at the Millennium Summit, stressing the need to undertake concrete measures at both the national and international levels aimed at reducing HIV/AIDS infection rates in persons aged between 15 and 24 years by 25 per cent within the most affected countries by the year 2005. The Millennium Summit also called on the pharmaceutical industry to develop an effective and affordable vaccine against HIV/AIDS. In this connection, my delegation hopes that this Millennium Assembly will work out modalities for translating these positive intentions into concrete deeds.

My country is one of those south of the Sahara that have been severely affected by the pandemic. Statistics associated with this pandemic worldwide have been quoted often enough and they keep changing as the number of infected people grows. In the case of Tanzania, from the first three known AIDS cases that were reported in 1983, today, for every 10 Tanzanians, one already carries the HIV virus and can infect others. Four months ago in an address to the youth of Tanzania, my President, William Benjamin Mkapa, put it succinctly by saying:

> "Our country is afflicted by a deadly epidemic of catastrophic proportions, known as HIV/AIDS, which is swiftly destroying the lives of our people, including the youth, who are the most indispensable resource and the future of our nation."

In response to the severity of the pandemic and its far-reaching health, social and economic implications, my Government has now declared HIV/AIDS a national disaster to be treated with all the seriousness that a pandemic requires. Consequently, the Government has created a national framework for establishing an expanded multisectoral response to HIV/AIDS involving all the collaborating partners, under strong and purposeful guidance from the Government.

A little more than two months ago, my Prime Minister launched the Tanzanian Business Council on HIV/AIDS. The Council aims at bringing together small, medium and large business concerns in the country to explore the comparative advantage of these entities in confronting the challenges posed by the pandemic in workplaces, local communities and society in general. For the first time, this year my Government has allocated $6 million for the fiscal year 2000/2001.

The economic, social and security challenges posed by the HIV/AIDS pandemic require concerted efforts, not only by the countries concerned, but also by the entire international community. In this context, my delegation is pleased to note that in our crusade we have not been alone; indeed, we could not have afforded to go it alone. The international community, particularly the United Nations, has taken a number of initiatives in responding to the HIV/AIDS pandemic. In my country, the United Nations Development Programme (UNDP) has worked in close collaboration with the Government to strengthen the capacity of the national AIDS programme, including through developing financial and management systems. In addition, UNDP has special programmes with non-governmental organizations and has undertaken some district-specific initiatives. A lot more needs to be done, given the all-pervasive nature of the pandemic and the poverty of most of the countries that are hardest hit and of the majority of the people afflicted by it.

The initiative of the Secretary-General in launching the International Partnership Against AIDS in Africa in December last year, under the auspices of the Joint United Nations Programme on HIV/AIDS (UNAIDS), is a welcome one. The initiative is an eloquent manifestation of the efforts to involve entities other than the United Nations in confronting the HIV/AIDS pandemic. It is vitally important that Governments work with non-governmental organizations, civil society, the private sector and community-based organizations if we are to make any meaningful dent in the pandemic. My Government, on its part, will ensure that it brings the requisite synergy necessary to confronting this deadly scourge.

The General Assembly has before it a draft resolution on this agenda item. In the draft, apart from other pertinent provisions, the General Assembly would decide to convene a special session to review the problem of HIV/AIDS in all its aspects in June 2001. My delegation welcomes this decision, cognizant of the fact that efforts to roll back the pandemic have not been commensurate with the speed at which it is spreading. We therefore look forward to the special session, convinced that it will elaborate a declaration of commitment that the international community can adopt in confronting the HIV/AIDS pandemic. If we are to succeed, a multidimensional approach is required in dealing with the pandemic. We need not only to elaborate the modalities of preventing the epidemic from spreading, but also the care and counselling of those who have already been affected, as well as to provide them with affordable drugs that will prolong their lives. The session will fill the void that has hitherto governed the whole issue of the pandemic.

Today, nobody can afford to stand aloof from this problem. While we in Africa are the worst hit today, in this era of globalization we may all find ourselves under siege.

Allow me to conclude by quoting the Administrator of UNDP, Mr. Mark Malloch Brown, who put the situation in admirably stark relief when he addressed the Security Council in January. He had this to say:

> "Africa is under siege ... Today this is Africa's drama; unmet, it becomes the world's." (*S/PV.4087, p. 9*)

We have the potential to meet the challenge if we work together. Let us seize the moment.

Mr. Kolby (Norway): Let me start by thanking the Permanent Representative of Ukraine for having introduced this landmark and important draft resolution. We also thank the other countries involved in this initiative. It will be a happy conclusion when we adopt the draft resolution this afternoon.

The HIV/AIDS pandemic is no longer just a serious health problem; it has become a social crisis on a global basis. AIDS is now causing more devastation than war in Africa; it is posing a serious threat to human, social and economic development. Many of the gains achieved during the past decades, such as a significant increase in life expectancy, are now being eroded by the pandemic. And the virus is spreading fastest in those parts of the world with the least resources to deal with it.

The disastrous proportions that the HIV/AIDS pandemic is reaching must not, however, make us lose hope. We must remind ourselves that the HIV virus does not travel by wind or water. It needs a helping hand from human beings to spread. This means that we are not defenceless or powerless against the pandemic. To combat it we need strong political leadership, and we need openness about the issues. We also need broad-based, multisectoral responses. But, first and foremost, we need to act, and to act now.

HIV/AIDS is an issue of immense complexity. The upcoming special session will give us an opportunity to review the pandemic in all its aspects and to develop common strategies for an expanded and broad-based response. Today I will concentrate on a few key aspects of the pandemic that Norway believes deserve special attention.

I begin with the poverty dimension. The interrelationship between HIV/AIDS and poverty needs to be better understood and dealt with. Poverty increases vulnerability to HIV/AIDS, both for individuals and communities. At the same time, HIV/AIDS in itself leads to increased poverty. We must develop comprehensive strategies to address these aspects of the pandemic. The fight against HIV/AIDS must be closely combined with efforts to combat poverty. Poverty reduction strategies, sector programmes, consultative group meetings and round tables should all take into account the social and economic consequences of HIV/AIDS.

Secondly, the gender and age dimensions of the pandemic need more attention. Women and young girls are more vulnerable than men, for biological, social and cultural reasons. The empowerment of girls and women must therefore be a priority concern. This means safeguarding education opportunities and providing people with the life skills needed to enable them to cope and to protect themselves. It means access to knowledge and to the means of protection. It means promoting gender equality in all spheres — health, education and the economy. It means being ready to confront difficult issues in a frank and open manner.

We also need to do more to involve men and to promote male responsibility. Most men may not engage in risk-taking behaviour, but without men the virus would have a limited opportunity to spread. Involving men as partners in the fight against AIDS can change the course of the pandemic, and it is therefore crucial. This means that we cannot rely only on schools and health clinics as the main arenas for spreading information. We must involve trade unions and the business community. We must involve religious groups and sports associations. We must find ways to reach mobile and migrant workers, those who are unemployed and those who work in the informal sector.

Thirdly, we must do more to counteract the social exclusion and stigmatization of people living with HIV/AIDS and to ensure that their human rights are fully respected. The stigma that accompanies the virus not only leads to unnecessary human suffering; it also counteracts preventive measures that require frankness. The majority of HIV-infected people do not know that they are carrying the virus. And as long as the opportunities for treatment are few and the fear of social exclusion is real, many will not want to know. This shows why any strategy to combat HIV/AIDS must be broad in scope and combine measures for prevention and care with means for coping with the burden of the pandemic.

Combating HIV/AIDS requires joint efforts and broad partnerships at the local, national, regional and global levels, with active public-private collaboration and involvement of civil society. A good example is the International Partnership against AIDS in Africa, where national Governments, civil society, the private sector and multilateral agencies are joining forces.

We need a broader and better coordinated response by the multilateral system. All relevant United Nations organizations should assess how they

can strengthen their contribution and better utilize their comparative advantages in the fight against HIV/AIDS. In this respect, we recall the important debate in the Security Council of January this year on the impact of HIV/AIDS on peace and security in Africa and the follow-up meeting in the Economic and Social Council in February. We must make the upcoming special session a powerful and action-oriented event that will inspire people, organizations, Governments and corporations all over the world to renew and strengthen their commitment to fighting the pandemic. There are new initiatives to develop vaccines and immunization programmes tailored to the needs of developing countries. These initiatives should be pursued vigorously.

Action against AIDS is a top priority in Norway's development cooperation. We are supporting a number of national AIDS programmes and giving substantial support to international organizations such as the Joint United Nations Programme on HIV/AIDS (UNAIDS). We intend to do more and have decided to intensify and broaden our efforts. In its budget proposal for 2001, my Government has doubled the allocation to multilateral AIDS programmes. In our bilateral cooperation, we are engaging in dialogue with our development partners on how we can contribute more effectively and engage more broadly in facing the challenges that AIDS poses to development.

The world is living with HIV/AIDS. The fight against this devastating pandemic must be placed at the top of our agenda. Unless we take this challenge seriously, we will see the results of decades of development efforts being eroded.

Mr. Isakov (Russian Federation) (*spoke in Russian*): I would like to associate myself with a number of delegations that have conveyed gratitude to the delegation of Ukraine for putting forward this useful initiative, which from the very beginning was supported by many countries, including Russia.

Russia attaches great importance to preventing and combating HIV/AIDS. Thanks to legislation that was adopted in Russia, and thanks to organizational and prophylactic steps, Russia has a comparably low level at which HIV is spreading. However, since 1987 the number of registered HIV-infected persons has been constantly growing. Since the middle of 1996 there has been a sharp deterioration in the HIV epidemic situation. This applies to the whole of our population, particularly to adolescents. In this context, robust domestic measures are being taken to combat HIV/AIDS and to prevent the disease. At the same time, Russia is intensifying its participation in international cooperation on questions of prevention, diagnosis, treatment and the epidemiological surveillance of the spread of AIDS. Here, our focus is primarily on cooperating with the Joint United Nations Programme on HIV/AIDS (UNAIDS).

While the problem of HIV/AIDS is serious at the global level, it is most acute in the developing countries, particularly in Africa, where up to 90 per cent of HIV-infected people live. It is precisely in Africa that the AIDS epidemic has assumed such catastrophic proportions, making it a primary cause of death. The magnitude of the disease has caused a whole range of problems — humanitarian, social and economic — that hamper the successful development of African States.

The exceptional acuteness of the HIV/AIDS problem means that we must intensify international cooperation in combating this dangerous disease. Russia is prepared actively to participate in this cooperation. I wish to recall in this respect that Russia produces high quality HIV diagnostic and treatment preparations as well as laboratory equipment and to stress, in particular, at prices that are two to two and one half times lower than average world prices. Pilot projects which draw on Russia's capacities in this area are planned through the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Russia has qualified HIV/AIDS specialists who could be more actively engaged in UNAIDS projects. We are prepared to participate and to work with UNAIDS in the development of an AIDS vaccine. We think that, due to the complexity of the task and the particularly high cost of research, we should pool our efforts — the efforts of the entire world community — including also in terms of resources.

Russia, one of the sponsors of the resolution adopted at the fifty-fourth session on this question, is convinced that the special session will give impetus to the further search for ways to resolve the HIV/AIDS problem, as called for by the Millennium Declaration, and will help to enhance coordination of international efforts in this area.

It is important that the special session focus on developing a comprehensive strategy that seeks to improve access to the means to combat AIDS. These objectives, as the Assembly is aware, were supported by the leaders of the G-8 at the Summit held in Okinawa.

The success of the special session will, to a large extent if not to a decisive extent, depend on the quality of the preparatory process. It is important from the outset to focus on well-thought-out, carefully considered and realistic decisions. This would be guaranteed by effective, properly coordinated preparatory measures taken at national and regional levels.

Russia, for its part, is prepared to take a very active part in this process and truly to help to make its work productive.

Mr. Rodriguez (Cuba) (*spoke in Spanish*): It is Cuba's hope that the concern we are showing today about the almost 36 million people in the world living with the HIV virus, of which 24.5 million are in sub-Saharan Africa alone, will translate into the mobilization of the international community to make comprehensive efforts to fight this disease effectively. We also hope that this will mean that the will of the industrialized countries will be expressed in action and the allocation of resources.

AIDS in Africa, like hunger, is a problem of under-development. It is not a coincidence that the epidemic is spreading mainly amongst the disadvantaged poor populations lacking education and health services.

With 3.8 million new cases of HIV infections in 1999, including half a million children, with an accumulated 13.7 million dead, which is 69 times more than the number of dead in conflicts, and 7 million children orphaned, Africa needs cooperation and not censure. It requires development and not interference. It cries out for resources and not prescriptions for good governments or foreign models.

Just to treat current patients with anti-retrovirus drugs, Africa would have to spend more than $57 billion yearly and, if the therapies of the developed countries were to be applied there, it would require more than $250 billion. Today, Africa can only devote a bare $10 per capita to health care, and that, in some countries, is equivalent to one-ninth the cost of debt servicing.

In 1998, the African continent received less than $5 billion, that is 3 per cent of the world's total, in foreign direct investment. Its current account deficit was $16 billion — more than triple that of the previous year. The debt burden rose to $350 billion, more than triple the amount of all of Africa's exports of goods and services.

Meanwhile, official development assistance (ODA) continues to account for only 0.23 per cent of the gross domestic product (GDP) of the developed countries.

The resources required to fight AIDS in underdeveloped countries can only be provided by the developed countries, which control 86 per cent of the world's GDP, 82 per cent of its exports and 68 per cent of investments. These resources could be provided by opulent societies, which consume billions of dollars in cosmetics, cigarettes, pet food, cars and the production of weapons.

On this subject it is high time to take action. Cuba reiterates once again its proposal to establish a collaborative project through UNAIDS, the World Health Organization (WHO) and other agencies and funds for sub-Saharan Africa, the Caribbean and Central America to fight AIDS and other health problems to which Cuba is prepared to provide medical personnel free of charge.

Moreover, Cuba reiterates its proposal to supply free of charge all the medical personnel necessary to launch an urgent health campaign in the north of sub-Saharan Africa. This project should be supplemented by contributions from the agencies, funds and programmes of the United Nations, as well as from developed countries, to provide the minimum indispensable resources, mainly drugs and medical equipment.

This effort is feasible and would not require huge resources. Cuba, despite its economic difficulties, has been making an effort on its own. At present 2,146 Cubans provide assistance in 14 countries of Central America, Africa and the Caribbean and provide care to more than 10 million people.

This cooperation is expanding. To this end, Cuba has established a Latin American School of Medical Sciences which will enrol 6,000 students. We have

created a Caribbean School of Medicine and are working on the creation of medical schools with Cuban professors in two African countries and are carrying out a vaccination campaign in Haiti. We will supply all university study grants required by the Caribbean countries free of charge.

We have already graduated about 27,000 professionals and technicians from developing countries and we have trained another five thousand. We have graduated 1,165 doctors and dentists.

More than 80,000 Cuban civilian collaborators have provided services in Africa, almost 25,000 of them in the area of health care.

We are pleased to reiterate here the proposal made by our President, Fidel Castro, at the Millennium Summit, to provide 3,000 health specialists and doctors for the provision of services free of charge to sub-Saharan Africa and even to take on the task of building the infrastructure that is needed for the massive use of anti-retroviral drugs, if the industrialized countries provide the necessary drugs and resources.

With political will and effective social programmes, with the good use of resources and the creation of efficient extensive health and education systems for the entire population with an equitable distribution of wealth, a small country like Cuba, though poor and subject to embargoes, can provide an example of success in the treatment and control of AIDS.

The execution of our national programme for prevention and control of AIDS has had a positive effect on the evolution of the epidemic in our country. Taking into account the figures reported worldwide on AIDS today, we can see that Cuba can compare very favourably with the majority of countries around the world. We have virtually no cases of AIDS in children and care is guaranteed for each case reported.

Between 1986 and 31 December 1999, 2,676 seropositive people, 1,001 people suffering from AIDS and 691 deaths have been recorded. The epidemic has grown slowly and is considered to have a low transmission level. Only .03 per cent of the population between 15 and 49 years of age are infected.

All Cubans affected by HIV/AIDS benefit from extensive care and broad coverage, understanding and human solidarity, a right to confidentiality and full respect for their privacy. They do not experience discrimination. Their right to work, social security and health care are guaranteed generally through modern out-patient treatment. They enjoy legal protection, and respect for and exercise of their human rights are ensured. Health education is efficient and universal. The project to develop a Cuban vaccine against AIDS, now at the stage of clinical trials on human beings, is among the most advanced in the world.

Our experience, which we present humbly and modestly, serves as an example that this effort is feasible.

Cuba supports the convening of a special session to review the problem of HIV/AIDS in all its aspects in June 2001, which will allow the entire international community to join in the fight against this disease and during which various experiences and approaches can be shared on the social and economic aspects of the epidemic, access to medical care and treatment, in particular drugs, scientific research and the development of vaccines.

Our expectation is that this process will also reaffirm our Governments' leading role in guiding national efforts to develop an agenda whose scope ranges from prevention, care and treatment to defining priority areas of aid, as well as recognition of the fact that the design of strategies to fight this disease must be tailored to the historical, socio-economic and cultural characteristics of our countries.

The Cuban delegation is pleased to co-sponsor the draft resolution contained in document A/55/L.13 before the General Assembly and intends to participate actively in the preparatory process and the special session.

Mrs. Ashipala-Musavyi (Namibia): On 5 September this year, the President of the Republic of Namibia, speaking on behalf of Southern Africa Development Community (SADC) at the launching of the corporate strategies in the fight against HIV/AIDS in southern Africa, had this to say:

> "this scourge knows no borders, and does not discriminate against anyone or any country. For all those who are infected with the HIV virus, dozens more are affected as the virus enters their household, leaving children orphaned, stripping them of their teachers, health workers, managers, employees and political leaders".

The launch of the corporate strategies was a combined effort of the United Nations Development Programme (UNDP), the Corporate Council on Africa and the Prime Minister of Namibia to create partnership between Governments from southern Africa, the United Nations and corporate America to forge a collaborative effort in the fight against AIDS.

It is in this context that we wish to express our appreciation to the Permanent Representative of Ukraine to the United Nations for his important initiative and the work he undertook with regard to resolution 54/283, which decided that the General Assembly convene a special session on the review of the problem of HIV/AIDS in all its aspects. The important coordination undertaken by the delegation of Ukraine enabled us to collectively arrive at a consensus on most of the procedural aspects dealing with the special session. We feel that the draft resolution correctly reflects the way forward.

No Government can on its own handle the challenge of the HIV/AIDS pandemic; hence, the urgent need to convene the special session on HIV/AIDS. We view the special session as an important opportunity for Governments, the United Nations system and civil society, including the private sector, to strengthen our collective efforts in formulating appropriate policies and strategies for the prevention and care of the infected, as well as affected individuals, families and communities.

We must increase our contribution from all available resources, public and private, to strengthen the health sector so as to have an effective delivery system. Experience has shown that there can be real successes in reducing new infection when there is a properly-funded preventive response and when the state of HIV/AIDS is acknowledged. Silence does not enhance prevention.

If we are to secure the future, every effort must be made to halt the spread and to mitigate the impact of this pandemic. Smart partnership between Governments, international organizations, civil society and the private sector is therefore crucial.

Furthermore, we in SADC also view the forthcoming special session as a major opportunity to take stock of what we have done thus far to exchange views on lessons learned and best practices and to consolidate our various initiatives and programmes. It is critical that we harmonize these initiatives and programmes, so as to secure better cooperation and exchanges of information between and among bodies and agencies working with Governments on the HIV/AIDS pandemic.

We therefore strongly emphasize that whenever initiatives are undertaken and resources mobilized, it should be in conformity with and supportive of national programmes. To ensure sustainable programmes, Governments should maintain ownership.

As Chairman of SADC, the President of the Republic of Namibia stated that one of his priorities for the year would be to work towards strengthening our collective efforts in SADC to fight against the HIV/AIDS pandemic. In this regard, the SADC Summit, held in Windhoek this year, decided, among other things, on the establishment of the multi-sectoral SADC HIV/AIDS Technical Subcommittee and the development of the SADC HIV/AIDS Strategic Framework and Programme of Action: 2000-2004.

The Technical Subcommittee consists of the following sectors: culture, information and sports; employment and labour; human resources development; health; mining; tourism; and transport.

It was also decided that the economic sectors in SADC be part of the multisectoral response. These other sectors are finance and investment, trade and industry and food and natural resources.

This multisectoral approach is designed to ensure that all sectors, particularly those that are important for economic development in SADC, mainstream HIV/AIDS in their plans and programmes.

Furthermore, the Council of Ministers meeting in Windhoek this year also approved the principles to guide negotiations with pharmaceutical companies on the provision of drugs for the treatment of HIV/AIDS-related conditions. These principles include, inter alia, recognition of the critical role that poverty and malnutrition play in the epidemic, the provision of equipment to monitor the continuum of care and supplies of appropriate drugs so as to ensure sustainability, equitableness, affordability and accessibility.

It is our fervent desire that the special session will be used as an opportunity to provide concrete commitment, particularly on the part of pharmaceutical companies in partnership with donor countries, on how

developing countries can best access affordable vaccines and drugs to prevent and treat infections.

The special session outcome document must be short, concise and result-oriented. Coming from a continent severely affected by the HIV/AIDS pandemic, we do not view the special session as a mere talking-shop, but as an opportunity to openly and constructively come together to adopt tangible actions aimed at providing prevention, education, care and treatment for those infected and affected by HIV/AIDS.

Mr. Santos (Mozambique): My delegations associates itself with the statements made by Nigeria on behalf of the Group of 77 and China, and by Namibia on behalf of the Southern African Development Community (SADC).

In its section III, on development and poverty eradication, the Millennium Declaration devoted special attention to one of humanity's greatest concerns today, the HIV/AIDS pandemic. The HIV/AIDS pandemic is threatening the economic and social development of the world, particularly that of developing countries. It has claimed 34.5 million victims in the world, 24.5 million of whom are from Africa. It is quite obvious that Africa and the least developed countries are severely hit by the pandemic and that they require urgent attention and action from the international community. The action taken by the international community should be geared towards attaining the goal set forth in the Millennium Declaration, that is, to halt and reverse the spread of HIV/AIDS by the year 2015 and to provide special assistance to children orphaned by HIV/AIDS. That is an ambitious but achievable goal, and the United Nations Member States should strive to ensure that the world is free of this pandemic and other deadly diseases.

The situation of HIV/AIDS in Mozambique is also alarming and is already having a devastating impact on our development efforts. Out of a total population of 17 million, in 1999 alone it is estimated that there were 700 new infections each day, with about 98,000 cases of disease. Around 30,000 families have been affected by the loss of a father, a mother or both. About 65 per cent of new infections occur in young people under 30 years of age. This is the most educated segment of the population, with an important role in the development of the country. I should mention that, without HIV/AIDS, life expectancy was estimated at 43.9 years for 1999 and was projected to reach 50.3 years by 2010. However, owing to this pandemic, life expectancy will decrease to the level of about 35.9 years.

HIV/AIDS has also had an aggravating effect on infant and maternal mortality, which has resulted in a growing number of orphans who require higher levels of expenditure on health care and social security.

In recognition of this alarming situation the Government of Mozambique has adopted a national strategic plan for the period 2000-2002 to combat sexually transmitted diseases and HIV/AIDS. In order to guarantee success, the plan is aimed at encouraging the involvement and commitment of the entire society, from the grassroots to the highest authority. The Prime Minister heads the National Council on AIDS.

I should emphasize that, more than ever before, it is now well understood that the HIV/AIDS pandemic is not only a health problem or one of social behaviour, but also an economic one that has severe implications on the national security of our countries. HIV/AIDS undermines our efforts at economic development by causing the premature death of workers in general, and in particular the most skilled and youngest workers. Long periods of disease result in a decrease in production and higher social costs for health care, pensions and social security. Lack of economic growth aggravates the poverty of our populations.

Despite the availability of medicines to minimize the suffering of infected people, most countries cannot afford to acquire them owing to their high cost. We therefore believe that a constructive partnership and continuous dialogue, involving Governments, the business sector, civil society and other stakeholders, is crucial to address this disease that affects all segments of our societies. We commend the role played by the United Nations Development Programme (UNDP) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in building those partnerships, as was recently witnessed in this Hall.

HIV/AIDS is also a major concern for peace and security. This was recognized in the Security Council open meeting on the impact of HIV/AIDS on peace and security in Africa, which was held in January 2000, when, for the first time, a health issue was discussed as a threat to peace and security. The meeting recognized that the issue of HIV/AIDS was indeed a priority for

Africa, where the impact of the pandemic is as destructive as warfare situations.

In order to successfully tackle the issue of the HIV/AIDS pandemic we need to devise a comprehensive strategy. We believe that the most important element of that strategy should be education. Studies in Mozambique indicate that there is a direct relationship between the prevalence of HIV/AIDS and the level of education. Thus, our efforts should be directed at increasing the levels of education and awareness in our populations, particularly among the young. This is the best preventive investment that we can make.

Furthermore, we need to accelerate economic development. This will contribute to increasing public revenues to be invested in social sectors, including poverty reduction. It is our view that HIV/AIDS is strongly associated with poverty; therefore, to fight poverty is to fight HIV/AIDS and many other infectious diseases.

It is our sincere hope that next year's special session on HIV/AIDS will address all those aspects of the problem and will produce action-oriented strategies to be implemented as a matter of urgency. For those reasons, we have joined in sponsoring the draft resolution before the Assembly.

HIV/AIDS is a global problem that requires a global solution through concerted efforts and strategies. Mozambique urges the international community to assist developing countries in this endeavour, particularly in education and in access to affordable drugs.

Mr. Mbanefo (Nigeria): The Millennium Assembly presents Member States with an auspicious moment to address the HIV/AIDS pandemic, a problem which, considering all its dimensions, must constitute the most immediate challenge to humanity and to the security and stability of our world. Today, HIV/AIDS has been established as the fourth leading cause of death worldwide, with the toll rising every day. A total of 18.8 million people around the world are believed to have died of AIDS, 3.8 million of them children. Currently, some 34.3 million are living with the HIV virus. According to figures from the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), in 1999 alone some 5.4 million people were infected with this disease, with the total number of children orphaned put at 13 million. It is estimated that that figure will reach 40 million before the end of the decade. Further, the latest UNAIDS global update on the epidemic shows that, worldwide, HIV infection will have a devastating effect not just on the rates of infant, child and maternal mortality, but on the economy.

Undoubtedly, those figures must have a sobering impact on us all. They do not fully convey the depth of the potential tragedy that our world faces, because the HIV/AIDS crisis has evolved well beyond the bounds of the health sector. With the death of husbands, wives and children, the family as we know it is being gradually ripped apart. The crisis is not only devastating families but also tearing apart the very fabric of society. Our major concern at this point is to see how we can, through common effort, confront this dreaded disease.

At the Millennium Summit, our leaders resolved, in their wisdom, to take urgent steps to halt and reverse the spread of this disease.

Beyond the human suffering and misery caused by the pandemic, it is now widely acknowledged that HIV/AIDS has evolved into a development problem. Governments of developing countries, struggling with a lingering external debt problem, are forced to allocate a disproportionate part of their meagre resources to the health sector. The disease strikes the most productive age group, ages 15 to 49, thus causing massive losses in production and, indeed, disruption in vital sectors of the economy, such as transportation, agriculture and education. The challenge before us is thus how to strengthen the capacities of developing countries, which are the hardest hit, by providing adequate resources to translate into action the quantum of political will which exists for the eradication of the disease. That, we must do urgently.

It is very important, in the discourse on the global impact of HIV/AIDS in different regions of the world, to recognize that the African continent is experiencing the most devastating effects of the disease. According to a United Nations report, some 14 million Africans have already died from the disease, while another 24.5 million are now living with the HIV virus. Within the continent, the reach of the catastrophe varies from region to region. The effect remains the same. Gradually, this disease is tearing up the fabric of stable democratic Governments. This is aptly captured by a World Bank report indicating that the HIV epidemic is

not only a health problem in sub-Saharan Africa, it is an unprecedented threat to the region's development. The region's hard-won development progress is therefore under real threat of reversal from the disease.

Notwithstanding the poverty of their resources, African leaders have resolved to confront this pandemic. At the continental level, programmes have been put in place to reverse the spread of HIV/AIDS through advocacy, education and prevention. In Nigeria, the arrowhead of such efforts is the Expanded National Response to AIDS. Such is the priority accorded the programmes that the National Committee on HIV/AIDS is headed by our President. We are aware that the challenge posed by the pandemic requires an intensified coordinated response not just at the national level but at the regional and indeed global levels as well. The frontiers of previous efforts at regional level were further expanded through the bold initiative taken at the Organization of African Unity (OAU) summit held at Lome last July. At that summit, African leaders adopted the Lome Declaration on HIV/AIDS. The adoption of that Declaration was an expression of Africa's commitment at the highest political level to rid Africa of the disease. We strongly believe that this African initiative merits the support of the international community to enable Africa to address the HIV/AIDS pandemic in all its ramifications.

In particular, the international financial institutions, including the World Bank, have an important role to play. We note in this regard that the World Bank Group has now committed itself to stepping up its level of activities to address the threat of the dreaded disease through its HIV/AIDS-related projects in 56 countries. We also welcome the proactive role of the World Bank and of non-profit organizations in pursuing the International AIDS Vaccine Initiative, which is aimed at the development of safe and effective vaccines for use throughout the world. We hope that the Initiative will yield the desired result sooner rather than later.

The enormity of the HIV/AIDS epidemic as a global development crisis and the important role of international efforts in finding a solution constitute one of the reasons for the convening of a special session of the General Assembly in June next year. In recent times, there has been a series of global conferences and initiatives devoted to the search for an enduring solution. All, in one way or another, have focused on the following pillars: advocacy; increased resources; programmes for prevention, care and treatment; and knowledge. They all deserve appropriate review and coordination in the light of new findings.

In the view of the Nigerian delegation, the special session will provide an appropriate forum to take stock of the progress being made on the various programmes of action. We also hope that it will generate appropriate political commitment at the highest levels and strengthen international cooperation and coordination. In this connection, the pronouncements of world leaders at the Millennium Summit, as aptly reflected in the Millennium Declaration, provide a useful reference point. In that Declaration, world leaders resolved to halt and reverse the spread of HIV/AIDS and halve the number of people living with the disease by 2015. That provides the forthcoming special session of the General Assembly with a vision that will act as a guiding light as it pursues its objective to outline priority areas for intensified action, particularly on the issues of prevention, better access to care and treatment and an increased level of resources, so as to find a definitive solution to the problem.

At this juncture, we wish to pay tribute to the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Mr. Piot, and the staff of the organization, for their role in mobilizing the international community in the fight against HIV/AIDS. We also wish to recognize the efforts of other United Nations agencies, non-governmental organizations, private sector companies and the industrialized countries that have been collaborating with UNAIDS. We trust that UNAIDS, as the substantive secretariat of the special session of the General Assembly on HIV/AIDS, and the other organizations supporting the session, will be in the best position to undertake appropriate preparations to ensure the success of the conference. We therefore urge the international community to cooperate with them during the preparatory process.

Finally, I should like to say that humanity stands at an historic threshold in the fight against a dreaded and, indeed, deadly disease that knows no boundary and has no respect for social status, gender or age. We are convinced that, in a period of unprecedented wealth in the world, resources exist to combat this disease.

Let us demonstrate our commitment to a common humanity during a period of increasing globalization and make resources available to poor countries to

enable them to improve their institutional capacity at the national level to combat the disease effectively. Let us intensify international cooperation and mobilize all segments of society, including the private companies, which have achieved some breakthroughs with regard to certain drugs, so as to make such drugs available at concessionary rates to the developing countries. Finally, let us open a new chapter in human history by jointly fashioning an appropriate solution to this devastating epidemic.

Mr. Levitte (France) (*spoke in French*): I have the honour to speak on behalf of the European Union. The countries of central and eastern Europe associated with European Union — Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia — and the associated countries, Cyprus and Malta, align themselves with this statement.

I do not want to repeat the statistics on this terrible pandemic that now affects all continents and all countries, in particular the developing countries and especially those in sub-Saharan Africa. In addition to its impact on health, the HIV/AIDS pandemic has now become a major crisis for development. The pandemic has assumed dramatic proportions in some regions. This is particularly the case in southern Africa, where, as has been stressed by the Joint United Nations Programme on HIV/AIDS (UNAIDS), more than one fifth of the adult population is infected. Over and above the human tragedy, what will the consequences be for societies that are already so vulnerable when confronting this truly unprecedented cataclysm of recent times?

Because it affects children, people of reproductive age and the active population in particular, AIDS is decimating the vital forces of these societies and threatening their future. In addition to its economic and social impact, in the worst-affected countries this pandemic is endangering stability and security, as has been explained, especially during the two Security Council meetings on the subject held in January and July of this year.

Combating this pandemic will require us to adopt an integrated, comprehensive approach, as experience has shown us in several countries that have seen notable results, in particular Senegal, Uganda and Thailand. The growing awareness and commitment on the part of the highest political, religious and moral authorities are decisive factors. Furthermore, the whole of society must be mobilized. Indeed, no solution can be effective without an effort on the part of all and the recognition of and respect for the sexual and reproductive rights of women. Changes in behaviour can come about only as a result of information and awareness-raising campaigns that integrate the needs of various groups, including men and adolescents.

Halting the pandemic of HIV/AIDS must involve strengthening education and health care and making readily available to all reliable, affordable and effective preventive methods, such as condoms. These initiatives will make it possible for us to attain the required objectives only if there is a full participation by groups and communities at the grass-roots level. Likewise, we need to increase access to health care for patients, ensure respect for their rights and reject any attempt to stigmatize them. Finally, we need to stress efforts to develop a vaccine.

The question of AIDS has been on the agenda of many international meetings for several months. The European Union welcomes this fact. We see it as a sign of the growing awareness of this challenge. We have started to mobilize, and we hope that the special session will be a high point in this process. The special session of the General Assembly must provide an opportunity to reinforce initiatives made at the national and international levels and to promote their effective implementation. It should provide an opportunity to promote this comprehensive, multisectoral approach that we are advocating. It could also make it possible to build or develop new partnerships, like the International Partnership against AIDS initiative launched by UNAIDS at the end of last year in Africa. It should also provide an opportunity to strengthen cooperation and international coordination between bilateral agencies and multilateral agencies in the area of combating AIDS, such as takes place between the European Union and the United Nations system.

It should disseminate best practices and show, in the light of the examples I have mentioned, that the worst is not inevitable and that it is possible not only to stem the spread of this pandemic but even to reverse it. The special session will also provide an opportunity to identify even further-reaching solutions.

The European Union deems it essential that the fight against AIDS be fully integrated into national strategies aimed at developing the health-care sector.

Prevention must remain our priority and be strengthened. The conspiracy of silence must come to an end. This session of the General Assembly could also bring us closer to the goal of providing patients better access to treatment and to effective medical and social follow-up.

The European Union does not believe that AIDS can be dealt with in two ways: prevention and treatment in the North, but prevention only in the South. Prevention and treatment must go hand in hand, both in the South and in the North.

The European Union, as the Assembly is aware, is deeply committed to the campaign against AIDS. In the past 10 years, we have spent several billion euros on international cooperation in the area of health, AIDS and population, through the activities carried out by the European Commission, bilateral agencies, certain member States, or through the contributions provided to finance UNAIDS, which represent almost half of its budget.

We also encourage partnerships with the private sector, in particular with industry, patients' associations and non-governmental organizations. On 28 September last, a round table was organized by the European Commission in Brussels, in cooperation with the World Health Organization (WHO) and UNAIDS, which brought together representatives from the public and private sectors to deal with three diseases: AIDS, malaria and tuberculosis. That meeting provided an opportunity to highlight the need for more decisive and coordinated action to prevent the spread of the pandemic, to provide better access to care and to promote research, particularly in the area of vaccines.

This initiative shows the European Union's readiness to participate actively in the preparations for, and in the holding of, the special session of the General Assembly. We will therefore fully support the draft resolution which was introduced today.

I should now like to speak in my national capacity, and I wish, on behalf of France, to refer to one particular subject: access to care for those people affected by HIV/AIDS in the developing countries.

Almost three years ago, on 7 December 1997, in Abidjan, the President of France, Mr. Jacques Chirac, stated:

> "The message I bring is that of a France that cannot remain silent in the face of the human cataclysm caused by the AIDS epidemic ... The paucity of our weapons should not lead us to give up or to adopt a fatalistic attitude ... How can we possibly continue to invoke human rights and human dignity in international forums if we are willing to accept that millions of patients are deprived of the most effective therapies, even though it need not be that way? We must make every effort to see to it that the benefits of the new treatments are extended to peoples of Africa and the rest of the world, where the populations are the most afflicted by this disease."

More than 34 million people are now HIV/AIDS-infected. Seventy per cent live in sub-Saharan African, and 18 million have already died. The development of treatments that allow amazing increases in life expectancy for HIV-positive people has raised awareness about this situation. It is medically possible, and therefore morally necessary, to treat all patients, regardless of whether they live in the South or the North. We can no longer justify limiting ourselves merely to preventing the disease. Furthermore, patients in developing countries are mostly excluded from access to treatment; they are the silent victims of inequality.

France is fully aware of the technical, financial and economic difficulties behind the current situation. For some 15 years now we have been engaged in the battle against AIDS in sub-Saharan Africa, and for several years we have been striving to provide better access to care for infected persons in the countries of the South. It is this difficult struggle that has convinced us that we need to do more — much more. There is some progress being made, and we think it is the right time to begin a dialogue.

Witness the announcement this week by the Government of Senegal that agreement has been reached with several pharmaceutical companies to significantly decrease the cost of medicines. This is a very important step and the first specific, concrete reflection of the announcement made a few months ago by certain pharmaceutical companies following consultations conducted with UNAIDS and its sponsors. I wish here to commend the efforts of the Senegalese Government and the work done by UNAIDS, which reinforces our conviction that we can and must take action.

France proposed, at the meeting of the Security Council held in January of this year on the question of AIDS in Africa, that an international conference be organized on access to HIV/AIDS care under United Nations auspices. The idea here is to organize a dialogue with all partners concerned — donors, both bilateral and multilateral; Governments of the North and the South; representatives of the private sector; and patients' organizations. Together they will be able to analyse the situation, identify the obstacles, learn about best practices, and propose specific measures to guarantee better access to care. Such a meeting should cover all questions relating to access to care, from early-detection strategies to psycho-social counselling for patients, including prevention and the treatment of associated opportunistic diseases, the prevention of mother-child transmission and treatment of weakened immune defences. The meeting will be organized next year, in 2001, in the framework of a follow-up to the special session of the General Assembly. The date and the venue will be finalized on the basis of common agreement with the various stakeholders involved in its preparatory process, in particular UNAIDS and the World Health Organization (WHO).

We are not proposing another meeting for the pleasure of adding an item to an already very busy international agenda. Nor are we forgetting prevention, which must remain the priority focus of anti-AIDS policies. We are seeking specifically to respond to our partners in the South, who are demanding better access to care for their patients. We wish to organize a dialogue and to structure it in order to identify the steps that need to be taken and developed.

I wish to take this opportunity to reaffirm the commitment and resolve of France to make this plan a success, in cooperation with all of the relevant United Nations agencies.

Mr. Ateaga (Chile) (*spoke in Spanish*): Let me preface my statement by reiterating what was stated in the declaration signed by the Minister for Foreign Affairs of Chile, Ms. Soledad Alvear, and 12 other distinguished women Ministers for Foreign Affairs this past 12 September here in New York:

> "The HIV/AIDS pandemic is an urgent foreign-policy issue with humanitarian, security, economic and development implications that threaten decades of hard-won progress, and which extends beyond the means and competence of any one nation or entity to counter".

Indeed, we are confronted with a problem that concerns not only the countries most affected, but the international community as a whole. Today more than ever before there is need to make available development assistance and additional financial resources to implement policies and programmes to stop the spread of HIV/AIDS and provide treatment to all those currently affected.

The need for financial assistance and international cooperation assumes particular urgency in the case of our brothers on the continent of Africa, particularly those countries south of the Sahara, where, as we know from the reports of the Secretary-General, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization, more than 24.5 million people are affected by HIV/AIDS. The United Nations, in collaboration with civil society and the private sector, must increase its efforts to provide assistance to the peoples of Africa most affected by the pandemic. This is a moral duty for an Organization founded on respect for human rights and fundamental freedoms, especially where it is a question of protecting the basic right of every human being, which is the right to life.

The Government of Chile considers the problem of HIV/AIDS as a phenomenon that transcends the bounds of a strictly health problem and involves socio-cultural, psychological and economic aspects that challenge the traditional models of human relations, as well as the way in which we develop and manage our social policies.

The restoration in 1990 of our traditional democratic system led the new authorities in Chile to approach the problem by taking into account its particular characteristics and complexity. To that end, the National AIDS Commission, CONASIDA, was established with a mandate to promote and facilitate processes aimed at helping the society to prevent and alleviate the biological and psycho-social impact of HIV/AIDS and sexually transmitted diseases, based on standard technical criteria and on the Government principles of participation, decentralization, equity and intersectorality. All of this is to be done through study and dialogue, with respect for human dignity and increased autonomy for the individual.

CONASIDA prepares an annual plan of action based on the principles of strategic planning and taking into account the results of an evaluation of earlier periods, the indicators provided by constant review of the HIV/AIDS situation and the prior pursuit of joint initiatives with organizations of people living with HIV and of men who have sexual relations with men, with groups from the organized community and from the health services, and with committees that provide advisory services on clinical health matters, on sexually transmitted diseases and on prevention and ethics.

CONASIDA carries out its activities on the basis of four elements that are key to the success of its programmes. The first of these is participation. This fundamental component in the search for a cure for AIDS is being implemented in Chile with the involvement of the various structures of the health sector and of other concerned sectors of the State and through an active relationship with non-governmental organizations, the private sector and scientific societies. A good example of a joint project is the first Chilean conference on AIDS, which was organized in 1999 by CONASIDA, the coordinator of groups of persons living with HIV and UNAIDS. Mention should also be made of the elaboration and participatory execution of projects such as the provision of psycho-social support for continuing treatment for HIV/AIDS, which formed part of the joint project with UNAIDS to improve access to medicines.

The second element is intersectorality. By the very nature of the problem of AIDS, this strategy takes on vital importance and encourages work and joint initiatives with other ministries, public services and other organs of the State, regional governments, municipalities, the private sector, non-governmental organizations and community-based organizations.

The third element is decentralization. Management commitments with the health-services, shared resources, local initiatives in the formulation and execution of projects, and the allocation of funds through competitive bidding are all modalities designed to build local management capacities and to respond more effectively to local needs.

The fourth element is equity. The allocation of resources for drug treatment and prevention programmes, in particular, is done on the basis of distribution criteria, such as vulnerability, impact of the epidemic and how far the illness has advanced.

The strategies adopted by Chile have enabled us to make considerable gains, which, together with the development of new treatments, have improved the life expectancy and quality of life of affected persons. Permit me to highlight a few of these advances.

First, as regards the impact of the epidemic, population studies show that between 1992 and 1999 the proportion of persons infected by HIV/AIDS stabilized at a maximum rate of 0.04 per cent of pregnant women testing positive. This qualifies the epidemic as incipient. In consultations for sexually transmitted diseases the rate is also stable, reaching a maximum of 3.5 per cent in 1999. The number of confirmed tests for HIV/AIDS has been stable since 1996, which supports the findings arrived at in prevalence studies. The annual rate of increase of the AIDS epidemic has been declining over the past decade and fell to 20.4 percent in the five-year period from 1992 to 1997.

Secondly, as regards the impact on the population, a population survey by the World Health Organization showed that in Chile in 1996, 98.1 per cent of those surveyed — regardless of their level of education — were aware of at least two means of preventing the transmission of the HIV virus. There has been a gradual change in the attitudes of people to the perception of risk, which, when measured by population studies to evaluate public-awareness campaigns, shows that the number of those surveyed who declared that we are all vulnerable increased from 6.9 per cent in 1991 to 28.2 per cent in 1994. It is believed that this figure has increased significantly since then.

Discrimination against persons living with HIV/AIDS was also measured in a population survey carried out in 1998. It revealed that 75 per cent of the population is willing to share social spaces, such as places at work and at school, with persons living with HIV/AIDS.

Thirdly, as regards the adoption of preventive conduct, the importation of condoms increased by some 483 per cent between 1990 and 1998, according to figures from the Central Bank of Chile. In 1996 the National Foundation to Combat AIDS, a private organization, conducted a survey among persons aged 15 to 26 years old. The survey found that declared

condom use for the last sexual contact other than a stable partner was 40.5 per cent of those surveyed who stated that they had another partner. Among persons aged 18 to 69, some 82 per cent of those who stated that they had more than one partner used condoms, according to a survey conducted in 1998 by CONASIDA.

The Ministry of Health set up a telephone consultation hotline, known as FONOSIDA. In 1999, calls about at-risk behaviour accounted for 23.3 per cent of calls from adolescents 15 to 19 years old and 41.55 per cent of calls from young people 20 to 24 years old. Among sexually active men who called, 23.2 per cent of them stated that they had sexual relations with other men, thereby demonstrating that the population groups that are most vulnerable are more likely to seek access to this medium.

Fourthly, legislation is currently being drafted to promote prevention and non-discrimination against persons living with HIV/AIDS. This draft legislation was submitted by the Executive Branch, and has already been approved by the Chamber of Deputies. It is currently being considered in the Senate.

Fifthly, in the health sector, Chile has experienced an increase of 320 per cent in public spending for treatments between 1996 and 1999. There has also been a significant increase in the quality of anti-retroviral treatments and in the number of persons treated. Nevertheless, in September 2000, it is estimated that 50 per cent of those seeking treatment received coverage, with 750 patients receiving a double cocktail and another 750 a triple cocktail of drugs. This coverage is being achieved thanks to a protocol elaborated with the participation of CONASIDA, physician specialists, and with the agreement of the National Coordinator of persons living with HIV/AIDS.

A decline has been noted in the rate of prevalence of AIDS-related illnesses. During the period 1989-1997, diagnoses of pathology declined among adolescents and young people and increased among adults. Coverage of 100 per cent exists for treatment to prevent the vertical transmission of HIV – namely, ACTG 076, prescribed for pregnant women who have tested positive, in order to prevent the transmission of the virus to the child.

The sixth advance relates to projects with the most vulnerable sectors of the population. CONASIDA provides technical and financial support through agreements with specific NGOs, incorporating this approach into its annual management commitments to health services and now, also, in regional work plans. Projects are being implemented with organizations of persons with homosexual orientation, such as the educational campaign to reduce the risk of transmission of sexually transmitted diseases and HIV/AIDS between men who practice homosexuality in regions I, II and IX and in the metropolitan region, comprehensive action to prevent HIV/AIDS among gay and bisexual men through peer education in the metropolitan region and two communes of the region V; and action by citizens to change their attitudes towards HIV/AIDS and homosexuality in the metropolitan region and in regions II, V and VIII. Programmes are also being conducted with adult sex workers, such as, for example, the prevention of HIV/AIDS and sexually transmitted diseases among vulnerable population groups.

The seventh advance is the integration of HIV/AIDS into the management strategies of the Ministry of Health and Health Services. The focus of these strategies depends on the epidemiological situation and on the vulnerability of those involved, particularly of homosexuals, women and young people, persons active in the sex trade and drug users. All the regions of Chile have implemented projects that vary in scope and coverage and are targeted at the vulnerable population.

The eighth and final advance has been made in communal intersectoral activities. Joint projects have been elaborated between social organizations for the prevention of AIDS in the communes with the highest concentrations of urban populations in the regions with the highest incidence of AIDS or which are potentially at risk.

Before I conclude, I wish to reiterate the commitment of the Government of Chile to continue to seek solutions to the scourge of AIDS, and to cooperate, as much as our resources permit, with those countries that are most affected by this pandemic. We must not forget for even one moment the sacred right to life that is inherent in every human being. In 1999, Chile lost more than 1,000 precious lives of children, women and men afflicted by AIDS, and there are thousands of others who, if treatments and access to them are not improved, are also at risk of losing their

lives. For the sake of them all, without exception, we must redouble our efforts to combat HIV/AIDS.

Programme of Work

The Acting President: Before adjourning the meeting, I would like to inform representatives of our programme of work for tomorrow morning, Friday, 3 November. As the first item, the General Assembly will continue its consideration of agenda item 179, "Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects". As the second item, the Assembly will take up agenda item 61, entitled "Strengthening of the United Nations system". As the third item, the Assembly will take up agenda item 21, "Cooperation between the United Nations and the Organization of American States".

Programme of Work

The President: On the morning of Monday, 6 November 2000, as the first item, the General Assembly will take up the first report of the Credentials Committee under agenda item 3. The report contained in document A/55/537 has been circulated in the Hall this morning.

The meeting rose at 6.20 p.m.